

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE

460

Page 1 of 57

For Official Use Only

Statement covers period

from 10/21/2018

through 12/31/2018

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1399974

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)442-7757

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814-3805	

OPTIONAL: FAX/E-MAIL ADDRESS

(916) 442-7759 / fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER

Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2019 By Thomas W. Hiltachk
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Proposition 8

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
8 Statewide ☒ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460 Page 3 of 57 I.D. NUMBER 1399974
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$5,703,856.79	\$109,792,462.01
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$5,703,856.79	\$109,792,462.01
4. Nonmonetary Contributions	Schedule C, Line 3	\$147,198.12	\$990,518.15
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$5,851,054.91	\$110,782,980.16

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$19,526,374.96	\$110,085,223.27
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$19,526,374.96	\$110,085,223.27
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$14,419.98)	\$5,580.02
10. Nonmonetary Adjustment	Schedule C, Line 3	\$147,198.12	\$990,518.15
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$19,659,153.10	\$111,081,321.44

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$13,936,029.82	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$5,703,856.79	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$689,030.44	
15. Cash Payments	Column A, Line 8 above	\$19,526,374.96	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$802,542.09	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$5,580.02

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 4 of 57
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. Number 1399974

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,385,125.79	\$33,636,506.83	
10/26/2018	American Renal Management LLC Beverly, MA 01915	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$318,731.00	\$552,462.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$5,703,856.79

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$5,703,856.79
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$5,703,856.79

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER

1399974

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ Net _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. Number
1399974

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2018	DaVita Washington, DC 20001 Committee ID: 1257183	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for CMP and digital	\$22,697.11	\$66,693,917.90	
10/26/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for compensated staff services and POS	\$56,510.37	\$33,636,506.83	
10/25/2018	Satellite Healthcare, Inc. San Jose, CA 95128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for digital	\$8,255.00	\$508,255.00	
10/29/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for digital	\$420.00	\$33,636,506.83	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$147,198.12

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)..... \$147,198.12

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$147,198.12

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. Number
1399974

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for CMP	\$7,480.00	\$33,636,506.83	
11/2/2018	DaVita Washington, DC 20001 Committee ID: 1257183	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for shipping costs	\$46,908.13	\$66,693,917.90	
10/31/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for mailer	\$3,072.76	\$33,636,506.83	
11/20/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for LIT	\$1,854.75	\$33,636,506.83	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$147,198.12

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	10/21/2018	CALIFORNIA FORM 460	
through	12/31/2018	Page 9 of 57	
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) _____
2. Unitemized contributions and independent expenditures made this period of under \$100 _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/21/2018 through 12/31/2018		CALIFORNIA FORM 460 Page 10 of 57
I.D. NUMBER 1399974		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winner & Mandabach Campaigns Santa Monica, CA 90401			CNS, POL, PRT, RAD, TEL	\$19,084,307.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$19,420.55
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$15,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$19,526,374.96
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$19,526,374.96

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 11 of 57
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS			\$60,000.00
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS			\$10,000.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$10,000.00
Forward Observer, Inc. Sacramento, CA 95811	CNS			\$30,000.00
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS			\$22,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 12 of 57
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pete Conaty & Associates Northlake, TX 76226	CNS			\$5,000.00
Pete Conaty & Associates Northlake, TX 76226		OFC, MTG		\$3,270.55
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$20,700.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814		CMP, OFC, POS, TRS, WEB		\$20,378.47
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$120,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 13 of 57
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winner & Mandabach Campaigns Santa Monica, CA 90401			OFC, TRS	\$534.70
Pete Conaty & Associates Northlake, TX 76226	CNS			\$2,500.00
Centaur North Strategies Fullerton, CA 92832	CNS			\$15,000.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$5,000.00
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS			\$5,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/21/2018 through 12/31/2018		CALIFORNIA FORM 460 Page 14 of 57
I.D. NUMBER 1399974		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$5,137.23
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS			\$60,000.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814		OFC, POS, TRS, WEB		\$7,626.46
California Dialysis Council Costa Mesa, CA 92626	CVC			\$5,000.00

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SUBTOTAL \$19,526,374.96

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO	\$0.00	\$4,794.20	\$0.00	\$4,794.20

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$5,580.02
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$20,000.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$14,419.98)
May be a negative number.

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/21/2018
through 12/31/2018

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I.D. NUMBER 1399974

NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings
- MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads
- RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, email)
- *Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CMP, LIT, WEB	\$0.00	\$785.82	\$0.00	\$785.82
SUBTOTALS		\$20,000.00	\$5,580.02	\$20,000.00	\$5,580.02

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Access Media Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fox Sports West Los Angeles, CA 90015	TEL			\$64,850.00
DirecTV/Xandr New York, NY 10020	TEL			\$773,539.00
Comcast/NBC Sports Philadelphia, PA 19148	TEL			\$139,650.00
Spectrum Reach New York, NY 10019	TEL			\$1,242,448.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2220487.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pac 12 Network San Francisco, CA 94107	TEL			\$12,600.00
National Cable Communications New York, NY 10174	TEL			\$1,798,698.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1811298.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bask Digital Media, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GoDaddy Scottsdale, AZ 85260	WEB			\$1,658.24

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1658.24

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks

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Kim Marquardt Gualala, CA 95445	CMP			\$1,250.00
Los Angeles International Airport Los Angeles, CA 90045	TRS			\$35.17
Miles Lane Transportation Encinitas, CA 92024	TRS			\$624.00
Henrick Rehbindler Los Angeles, CA 90039	OFC			\$1,000.00

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TOTAL* \$2909.17

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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Google, Inc. Mountain View, CA 94043	WEB			\$20.00
FedEx Office Plano, TX 75024	OFC			\$1,384.80
DeWayne Cox Sherman Oaks, CA 91401	TRS			\$713.67
Courtyard by Marriott Los Angeles LAX/Century Boulevard Los Angeles, CA 90045	TRS			\$1,215.10

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3333.57

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Courtyard by Marriott Anaheim Buena Park Buena Park, CA 90620	TRS			\$815.48
American Airlines Fort Worth, TX 76155	TRS			\$3,083.52
Print Project Managers & Graphic Design Rancho Cordova, CA 95742	CMP			\$2,212.75
West Unified Communication Services, Inc. Chicago, IL 60631	OFC			\$315.82

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6427.57

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kim Marquardt Gualala, CA 95445	CMP			\$450.00
Southwest Airlines Dallas, TX 75235	TRS			\$3,281.75
The Citizen Hotel Sacramento, CA 95814	TRS			\$700.00
UBER San Francisco, CA 94103	TRS			\$120.39

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4552.14

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Washington, DC 20260	OFC			\$795.95
West Unified Communication Services, Inc. Chicago, IL 60631	OFC			\$1,744.10
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$1,658.24
FedEx Office Plano, TX 75024	OFC			\$19.67

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4217.96

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, Inc. Mountain View, CA 94043	WEB			\$20.00
The Citizen Hotel Sacramento, CA 95814	TRS			\$5,347.88
United States Postal Service Washington, DC 20260	POS			\$87.65
West Unified Communication Services, Inc. Chicago, IL 60631	OFC			\$327.45

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5782.98

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, Inc. Mountain View, CA 94043	WEB			\$20.00

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TOTAL* \$20.00

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Pete Conaty & Associates

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California State Commanders Veterans Council Los Alamitos, CA 90720	MTG			\$1,000.00
California Association of County Veterans Service Officers, Inc. Oakland, CA 94605	MTG			\$1,000.00
Team Amvets Department of California Tulare, CA 93274	MTG			\$1,000.00

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TOTAL* \$3000.00

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Schedule G

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SCHEDULE G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Access Media Services Redondo Beach, CA 90277	TEL			\$4,031,785.00
Bask Digital Media, LLC San Diego, CA 92101	TEL			\$3,308,142.20
Extreme Reach Chicago, IL 60673	TEL			\$62,908.00
Hulu Santa Monica, CA 90404	TEL			\$73,130.50

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TOTAL* \$7475965.70

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KABC TV Glendale, CA 91201	TEL			\$1,711,475.05
KAMP FM Los Angeles, CA 90036	RAD			\$11,092.50
KBAK TV Bakersfield, CA 93301	TEL			\$40,341.00
KBFX TV Bakersfield, CA 93301	TEL			\$27,404.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1790312.55

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KBIG FM Burbank, CA 91505	RAD			\$17,680.00
KBLX FM San Francisco, CA 94103	RAD			\$1,700.00
KBNT TV San Diego, CA 92123	TEL			\$37,306.50
KCAL TV Studio City, CA 91604	TEL			\$147,772.50

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TOTAL* \$204459.00

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KCBA TV Monterey, CA 93940	TEL			\$45,874.50
KCBQ AM San Diego, CA 92121	RAD			\$13,685.00
KCBS TV Stuido City, CA 91604	TEL			\$961,137.52
KCOP TV Log Angeles, CA 90025	TEL			\$106,505.00

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TOTAL* \$1127202.02

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCOY TV Santa Maria, CA 93455	TEL			\$45,296.50
KCRA TV Sacramento, CA 95814	TEL			\$330,926.25
KCSO TV Sacramento, CA 95815	TEL			\$23,078.35
KCVU TV Chico, CA 95928	TEL			\$8,967.50

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TOTAL* \$408268.60

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KDAY FM Burbank, CA 91505	RAD			\$1,700.00
KDFX TV Thousand Palms, CA 92276	TEL			\$4,959.75
KDOC TV Santa Ana, CA 92701	TEL			\$59,138.75
KDTF TV San Diego, CA 92123	TEL			\$5,740.90

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TOTAL* \$71539.40

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KDTV TV San Jose, CA 95113	TEL			\$95,795.85
KERO TV Bakersfield, CA 93301	TEL			\$13,595.75
KESQ TV Thousand Palms, CA 92276	TEL			\$100,529.50
KEYT TV Santa Barbara, CA 93109	TEL			\$55,343.50

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TOTAL* \$265264.60

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KFBK AM Sacramento, CA 95815	RAD			\$13,175.00
KFI AM Burbank, CA 91505	RAD			\$13,557.50
KFMB TV San Diego, CA 92111	TEL			\$267,155.00
KFSF TV San Jose, CA 95112	TEL			\$13,897.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$307785.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFSN TV Fresno, CA 93706	TEL			\$113,730.00
KFTR TV Los Angeles, CA 90045	TEL			\$27,880.00
KGB FM San Diego, CA 92123	RAD			\$5,737.50
KGET TV Bakersfield, CA 93301	TEL			\$46,802.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$194150.20

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KGO TV San Francisco, CA 94111	TEL			\$372,682.51
KGPE TV Fresno, CA 93727	TEL			\$68,892.50
KGTV TV San Diego, CA 92102	TEL			\$186,869.95
KHHM FM Sacramento, CA 95815	RAD			\$1,870.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$630314.96

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KHSL TV Chico, CA 95973	TEL			\$28,606.75
KHYL FM Canyon Country, CA 91351	RAD			\$2,992.00
KICU TV Oakland, CA 94607	TEL			\$19,401.25
KIIS AM Burbank, CA 91505	RAD			\$9,520.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$60520.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KIOI FM San Francisco, CA 94107	RAD			\$8,245.00
KION TV Salinas, CA 93905	TEL			\$3,634.50
KISQ FM San Francisco, CA 94107	RAD			\$9,103.50
KJLH FM Inglewood, CA 90301	RAD			\$5,100.00

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TOTAL* \$26083.00

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KKFX TV Santa Barbara, CA 93109	TEL			\$17,170.00
KLOS FM Culver City, CA 90232	RAD			\$8,500.00
KMAX TV West Sacramento, CA 95605	TEL			\$71,825.00
KMEL FM San Francisco, CA 94107	RAD			\$7,735.00

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TOTAL* \$105230.00

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KMEX TV Los Angeles, CA 90045	TEL			\$154,113.50
KMIR TV Palm Desert, CA 92260	TEL			\$71,136.50
KMPH TV Fresno, CA 93727	TEL			\$51,000.00
KNBC TV Universal City, CA 91608	TEL			\$1,080,753.78

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TOTAL* \$1357003.78

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KNCI FM Sacramento, CA 95815	RAD			\$3,825.00
KNSD TV San Diego, CA 92123	TEL			\$173,973.75
KNTV TV San Jose, CA 95131	TEL			\$490,152.51
KNVN TV Chico, CA 95973	TEL			\$21,845.00

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TOTAL* \$689796.26

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KNX AM Los Angeles, CA 90036	RAD			\$12,240.00
KOFY TV San Francisco, CA 94124	TEL			\$7,599.00
KOGO AM San Diego, CA 92123	RAD			\$9,605.00
KOST FM Burbank, CA 91505	RAD			\$17,000.00

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TOTAL* \$46444.00

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KOVR TV West Sacramento, CA 95605	TEL			\$249,925.50
KPIX TV San Francisco, CA 94111	TEL			\$454,813.76
KPWR FM Burbank, CA 91505	RAD			\$10,710.00
KQCA TV Sacramento, CA 95814	TEL			\$18,020.00

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TOTAL* \$733469.26

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KRBQ FM San Francisco, CA 94111	RAD			\$5,669.50
KRCA TV Burbank, CA 91504	TEL			\$48,373.50
KRCR TV Redding, CA 96001	TEL			\$28,373.00
KRON TV San Francisco, CA 94111	TEL			\$47,345.00

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TOTAL* \$129761.00

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KRRL FM Burbank, CA 91505	RAD			\$10,200.00
KRTH FM Los Angeles, CA 90036	RAD			\$19,125.00
KSBW TV Salinas, CA 93901	TEL			\$57,590.05
KSBY TV San Luis Obispo, CA 93405	TEL			\$69,190.00

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TOTAL* \$156105.05

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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KSEE TV Fresno, CA 93727	TEL			\$33,039.50
KSEG FM Sacramento, CA 95841	RAD			\$7,820.00
KSON FM San Diego, CA 92123	RAD			\$6,120.00
KSSX FM San Diego, CA 92123	RAD			\$2,082.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$49062.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KSTS TV San Jose, CA 95131	TEL			\$66,130.00
KSWB TV San Diego, CA 92111	TEL			\$98,098.50
KTFK TV Sacramento, CA 95815	TEL			\$6,205.00
KTLA TV Los Angeles, CA 90028	TEL			\$625,685.01

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$796118.51

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Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KTTV TV Log Angeles, CA 90025	TEL			\$628,213.77
KTVU TV Oakland, CA 94607	TEL			\$408,297.51
KTWV FM Los Angeles, CA 90036	RAD			\$16,830.00
KTXL TV Sacramento, CA 95820	TEL			\$114,112.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1167453.78

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KUAN TV Los Angeles, CA 90025	TEL			\$49,660.40
KUSI TV San Diego, CA 92123	TEL			\$8,310.25
KUVS TV Arden, CA 95815	TEL			\$105,428.05
KVEA TV Burbank, CA 91523	TEL			\$109,225.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$272623.70

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KWHY TV Los Angeles, CA 90028	TEL			\$15,597.50
KXSN FM San Diego, CA 92123	RAD			\$6,800.00
KXTV TV Sacramento, CA 95818	TEL			\$205,530.00
KYLD FM San Francisco, CA 94107	RAD			\$6,332.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$234260.00

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KYMX FM Sacramento, CA 95815	RAD			\$4,930.00
NESQ TV Thousand Palms, CA 92276	TEL			\$49,793.00
NFMB TV San Diego, CA 92111	TEL			\$4,462.50
NHSL TV Chico, CA 95973	TEL			\$573.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$59759.25

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NION TV Salinas, CA 93905	TEL			\$1,364.25
NSBW TV Salinas, CA 93901	TEL			\$11,479.25
NSBY TV San Luis Obispo, CA 93405	TEL			\$2,354.50
NVEA TV Burbank, CA 91523	TEL			\$5,482.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$20680.50

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Schedule G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sacramento Bee Sacramento, CA 95816	PRT			\$27,000.00
The San Diego Union-Tribune San Diego, CA 92108	PRT			\$45,000.00
XHAS TV San Diego, CA 92123	TEL			\$5,253.00
XHRM FM San Diego, CA 92121	RAD			\$4,207.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$81460.50

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Schedule G

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SCHEDULE G

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NAME OF FILER

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1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Winner & Mandabach Campaigns

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Target Enterprises, LLC Sherman Oaks, CA 91403			PRT, RAD, TEL	\$19,084,307.00
UBER San Francisco, CA 94103	TRS			\$314.88
Voter Surveys & Consulting LLC Houston, TX 77009	POL			\$42,750.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$19127371.88

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FPPC Form 460 (June/01)
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Schedule H – Loans Made to Others*

Type or print in ink.
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SCHEDULE H

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
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SCHEDULE I

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/1/2018	Centaur North Strategies Fullerton, CA 92832	Refund of overpayment	\$2,800.00
12/6/2018	Winner & Mandabach Campaigns Santa Monica, CA 90401	Refund	\$686,230.44

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$689,030.44

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$689,030.44
2. Unitemized increases to cash under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$689,030.44

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